PTO/SB/17 (03-12)
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| | | Complete if Known | | | | | | |
| l ––– | Application | Application Number 09/316,199-Co | | | . #7506 | | | |
| l FEE | Filing Date | Filing Date | | May 21, 1999 | | | | |
| ' | | | | First Name | d Inventor | Michael | J. McClu | skie |
| | Examiner N | Examiner Name I. Popa | | | | | | |
| Applican | Art Unit | Art Unit 1633 | | | | | | |
| TOTAL AMOUNT | Practitioner | Practitioner Docket No. C1040.70006U | | | 00 | | | |
| METHOD OF | PAYMEN | T /check all the | d annly) | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
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| FEE CALCULA | NOITA | | | | | | | |
| 1. BASIC FILIN | G, SEARCH | I, AND EXAM | INATION FEES | | | | | |
| | | | | ARCH FEES | EXAMINATION FEES | | | |
| Application Typ | | Small Entity F | | Small Entity Fee | | Small Entity Fee (\$) | | Fees Paid (S) |
| Utility | 380 | 190 | 620 | 310 | 250 | 12 | | |
| Design | 250 | 125 | 120 | 60 | 160 | 80 | | |
| Plant | 250 | 125 | 380 | 190 | 200 | 100 | | |
| Reissue | 380 | 190 | 620 | 310 | 750 | 375 | | |
| Provisional | 250 | 125 | 0 | 0 | 0 | | 0 . | |
| 2. EXCESS CL | | | | | | | Fee (S) | Small Entity Fee (\$) |
| Fee Description Each claim over 20 (including Reissues) 60 | | | | | | | | 30 |
| Each independent claim over 3 (including Reissues) 250 | | | | | | | | 125 |
| Multiple dependent claims 450 | | | | | | | | 225 |
| l ' ' | | | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| | 20 or HP = | 2 ALTO GIGINIS | r = | 1001010(0) | | Fee (\$) | | Paid (\$) |
| | | claims paid for, i | f greater than 20 | | | 100101 | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | _ | | | |
| | -3 or HP = | , | × == | | | | | |
| HP = highest nu | mber of indep | endent claims p | aid for, if greater the | an 3. | | | | |
| 3. APPLICATION If the specification 37 CFR 1.52(e)), to 35 U.S.C. 41(a)(1) | and drawing: he application | s exceed 100 sh size fee due is | eets of paper (exclusions) \$310 (\$155 for small | uding electronically all entity) for each a | filled sequence idditional 50 sh | or computer sets or fraction | listings unde on thereof. S | er See |
| Total Sheet | | xtra Sheets | | ach additional 50 | | | e (\$) | Fee Paid (\$) |
| 100 = /50 = (round up to a whole number) x = = 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | |
| | | n \$130 fee (| no emall antity di | ecount) | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) Non-electronic filling fee under 37 CFR 1.16(t) for a utility application, \$400 fee (\$200 small entity) | | | | | | | | |
| Other (e.g., late filing surcharge); 1401 Notice of appeal 620.00 | | | | | | | | |
| | | 12 | 53 Extension fo | r response with | nin third mo | nth | | 1,270.00 |
| SUBMITTED BY | | | | | | | | |
| Signature | /Maria A. | Trevisan/ | | Registration N (Attorney/Ager | No. 48,20 | 7 Telepi | none (| 317.646.8000 |
| u mlana | Carl Maria A Traviscan | | | | 10 .5/10 | | | |

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: August 21, 2012 Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/